DOCUMENT RESUME

ED 441 119 CE 080 130

TITLE	Cross-Cultural Issues in HRD. Symposium 29. [Concurrent Symposium Session at AHRD Annual Conference, 2000.]
PUB DATE	2000-03-08
NOTE	30p.; In: Academy of Human Resource Development Conference Proceedings (Raleigh-Durham, North Carolina, March 8-12, 2000); see CE 080 095.
PUB TYPE	Collected Works - General (020) -- Speeches/Meeting Papers (150)
EDRS PRICE	MF01/PC02 Plus Postage.
DESCRIPTORS	Adults; Business Administration; Case Studies; *Cross Cultural Training; *Cultural Influences; *Educational Needs; Foreign Countries; Higher Education; Human Resources; *Labor Force Development; Learning Strategies; *On the Job Training; *Organizational Development; Staff Development
IDENTIFIERS	*Hungary; United Kingdom

ABSTRACT

This packet contains three papers from a symposium on cross-cultural issues in human resource development (HRD). The first paper, "The Perceptions of Physical Therapy Students Regarding the Provision of Transcultural Care" (Theresa J. Kraemer), examines the perceptions of 12 entry-level master's degree program physical therapy (PT) students on providing cross-cultural care. Data were collected via a qualitative, emergent case study design using interviews, observations, and document review. The results revealed the following five domains: (1) personal preparation; (2) prior medical care preparation; (3) academic preparation; (4) clinical preparation; and (5) the provision of culturally congruent care. The second paper, "An Intercultural Training/Consulting Process and Its Implications on Meaning Making and Organizational Change: The Case of a Hungarian Organization" (Maria Cseh, Darren Short), presents an in-depth look at an intercultural training and consulting process between an HRD team from the United Kingdom and a large public service Hungarian organization, using the case study method. The last paper, "Theory of Intercultural Adjustment and Implication for HRD" (Soomi Ha), examines theories of adjustment process and presents an integrated model through synthesizing previous literature. The papers contain reference sections. (KC)

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2000 AHRD Conference

Cross-Cultural Issues in HRD

Symposium 29

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The Perceptions of Physical Therapy Students Regarding the Provision of Transcultural Care

Theresa J. Kraemer
University of South Florida

By 2040, 23% of U.S. residents will not speak English. The PT profession has no culture-based theoretical models, limited research, and provides Western-based care. The perceptions of 12 entry-level Master's PT students of providing cross-cultural care were studied. Data was collected via a qualitative, emergent case study design using interviews, observations; and document review. Data analysis utilized inductive constant comparison approach and HyperResearch. The results revealed 5 domains. HRD could play a critical role in education and research.

Keywords: Transcultural, Physical Therapy, Education

Cultural Diversity is the reality of America in the 1990's (Porter – O'Grady, 1996). The United States is becoming the most ethnically diverse society in the world (Spector, 1995). Culturally diverse people are predicted to comprise the majority of the population in the next century (Loveridge, 1996). The nation's rapid shift towards a more racially, ethnically diverse population is driving the trend towards a more culturally competent medical work force in the US. From 1981 to 1991, the US Census Bureau reported that the population of Asian/Pacific Islander's living in the US increased by 87%, Hispanics/Latinos by 50%, American Indians / Eskimos / Aleuts by 42%, and African American by 15%. Demographic projects indicate that by the year 2000, one in every three Americans will be of color (Campinha-Bacote, 1996). It is anticipated that this "cultural gap" in the US will proportionately expand as the US adds approximately 125 million individuals in the next 50 years, if current birth and immigration rates are not changed (Clark, 1995). As a result, approximately halfway thought the next century, people of color will constitute the majority. This shift in demographics will have a tremendous impact on the medical profession, particularly Physical Therapists (PT's), and its provision of care.

Reflecting a cultural system in which individualization and independence are highly valued, American health care has traditionally acknowledged and emphasized the biological "cure" approach to treating the sick or disabled individual. However, the shift in demographics within the US is calling for medical professionals to provide "care" within the realm of the patient's cultural background. As a result, advanced medical practices is calling for medical professionals such as PT's to be responsible for delivering culturally sensitive care as well as managing a work force of diverse care-givers (Loveridge, 1996). According to Voekler (1995) this rising number of ethnically diverse patients in the US calls for medical professionals to acknowledge cultural differences when providing treatment and care. Spector (1995) stated that medical professionals must learn how to address the health care needs of this multicultural society by meeting the needs and responses of many different racial and ethnic groups who are competing for recognition.

According to Porter – O'Grady (1996), medical professionals must accommodate diversity in the populations they serve; they must be inclusive of diverse cultural practices; and they must become more culturally aware and culturally sensitive. However, most medical professionals have been well indoctrinated not only into the predominant Anglo-Saxon mentality due to its homogeneity and societal influence, but also have been enculturated into the traditional Western, Eurocentric, biotechnological medical culture. Hence, as the population changes, health care practitioners will need special skills to provide culturally sensitive and relevant health care for the diverse patient population (Lum & Korenman, 1994).

Currently the health care system revolves around a medical culture in which beliefs about diagnosis and disease are based on biological-technological model and are shared by most practitioners (Leininger, 1995). While some cultures define "illness" in terms of behavior and causation (Farley, 1989), this definition may be in sharp contrast to the Western medical view which primarily relies on the strict scientific definition of "disease and cure".

One factor that has become increasingly important in patient recovery, compliance, and satisfaction with treatment has been the health care provider-patient interaction (Auerbach, Martelli, & Mercuiri, 1983; Friedman, 1979; Korsch, Gozzi, & Francis, 1968; Korsch & Negrete, 1972). Korsch et al (1968) identified specific attributes of the medical professional-patient interaction that contributed to patient satisfaction including barriers to

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communication, health care professional lack of friendliness, use of technical jargon, and a restriction in discussion to purely medical considerations. Further research by Korsch and Negrete (1972) demonstrated the importance of patient satisfaction in relation to cooperation with medical advice. In 1995, Farley advocated that while physicians are not expected to fully understand all cultures, they should be sensitive to the fact that patients possess diverse culturally based health values. In 1994, Lum and Korenman found that physicians had difficulty treating patients with cultural values different from their own. A 1984 study indicated that 50% of first year medical student "felt unprepared to handle the cultural barriers between themselves and patients" (Mao et al., 1988). A 1987 study indicated that while many medical schools offered a "human values" course, the extent of cultural sensitivity training or information taught was not clarified (Bickel, 1987). In a recent survey of 126 medical schools (98% respondent rate), only 13 offered cultural sensitivity courses with 33 planning to implement some type of training into their existing curriculum (Lum & Korenman, 1994)

Research by Dowe (1990) revealed that most PT schools like nursing schools still offered a curriculum that is unicultural-based (medical model) and full of western, Eurocentric ideologies designed for the practicing health care professional who has limited knowledge of the culturally different patient. Prior to 1998, only four schools of 183 physical therapy programs, as compared to 25% of undergraduate nursing programs, included any content related to cross-cultural differences (APTA, 1997). In addition, the clinical and academic aspects of the Physical Therapy profession was not required to include and/or address individual or cultural differences, cultural sensitivity, or cross-cultural awareness especially in the assessment and treatment of patients. Currently, clinical practitioners address gender, age, and socioeconomic status with respect to patient care (APTA Standards of Practice, 1997). However, faculty, students and clinicians have not been expected to address cultural, ethnic, nor racial perspectives, issues, behaviors, attitudes, actions, values, or circumstances that a culturally diverse individual may bring into the medical arena. Unfortunately, in the last 5 years, there has been a significant (greater than 70%) increase in the number of "cultural collisions" reported by students upon returning from the clinical internships (APTA, 1997).

Educators in medical programs develop and provide knowledge, attitudes, and values, based on this belief system (Kleinman, 1978). Also, educators are responsible for preparing student who will practice ethically and effectively within this medical culture. According to Kleinman (1978), if these values conflict with patient's cultural beliefs, efficacy will be threatened. Therefore, medical practitioners must recognize and acknowledge the patient's own health beliefs and attempt to incorporate these beliefs, behaviors, attitudes, and action into the health plan (Lum & Korenman, 1994).

It is important to consider the theoretical basis driving the need for change. Traditionally, physical therapy as a profession has consisted of a homogeneous Eurocentric, Anglo-Saxon professional population interacting with either like or dislike patient populations. The diversity of patient population has generally been limited to ethnic or racial diversity localized within a specific community and typically chosen as an area or place of employment by the physical therapist. However, the traditional clinical communities are diversifying at phenomenal rates. The result has been greater exposure and interaction between the "traditional Anglo PT" and the diversified "minority" patient, often resulting in "cultural clashes" regarding the provision of culturally congruent care. Hence, the rapidly changing demographics and shift from American diversity towards a more globally diverse population has revealed the need to address additional behaviors, attitudes, values, beliefs, and knowledge. Each of these factors has recently become evident to the practicing clinician.

Another factor contributing to the need is economics. In a time of managed care when PT's are required to be more accountable, cost effective, and provide only essential forms of quality care and treatment, there is a need for more effective and efficient patient-professional interactions. For without effective communication, understanding of beliefs, goals, and priorities, or comprehension of cultural values (i.e. time, space, touch, etc.), treatment outcomes may be irreparably impacted. Hence, due to both external (societal) and internal (PT professional) developments, there is an increased need within the clinical arena and the PT profession as a whole, for the provision of cross-cultural or transcultural awareness, care, and competency.

It appears imperative from the lack of cross-cultural research within the profession and the lack of a theoretical framework from which to build curriculum and clinical practice that: 1) the issue of transcultural care or cross-cultural diversity should be addresses in general; 2) physical therapy students should be prepared to effectively interact with and/or handle the cultural diversity they will encounter with patients (i.e. cultural differences and potential collisions); and 3) students should be prepare to provide transculturally congruent and competent care. The concern is that without adequate cross-cultural instruction or only superficial exposure to cross-cultural content, students who become clinical practitioners will encounter cultural barriers and/or situations which can lead to misunderstandings, poor clinical judgments, inadequate or inaccurate transference of patient information, resulting in ineffective patient care.

Currently the need for PT's to be culturally competent or to practice transcultural care has been remiss. The theoretical basis for cultural knowledge, skills, attitudes, and beliefs as well as cross-cultural experiences had not been proportion to the changing demographics in the US. While traditional PT education provides a means to guide PT clinical practice and education in a variety of settings, it does not always adequately address the needs of the minority, immigrant, or foreign-born (temporarily located) individual. It can be argued that PT education should be examined for its transcultural applicability and usefulness, especially as PT's seek to increase their cultural competence.

Theoretical Framework

The idea that culture is not new, but it is not well advocated either. While the works of Hofstede and Trompenaars are well indoctrinated within the HRD, HRM, and cross-cultural business arena, they are non-existent within the PT profession. In reality, PT has no theoretical models and more specifically, no cross-cultural models upon which to stand and grow. Since Physical Therapy does not possess a theoretical foundation for evaluating, developing or implementing a theoretical model of transcultural care, it must turn to nursing, as it was the profession most closely aligned with PT. It is also important to realize that while there are several similarities between nurses and PT's, there are some critical differences. However, nursing has a 40 year history of pursing the issue of providing culturally congruent care and as a result have developed three models: Orem's Self Care Deficit Theory, Campinha-Bacote's culturally Competent Model of Care, and Leininger's Theory of Culture Care Diversity and Universality.

Leininger's Theory of culture Care Diversity and Universality was utilized in this study due to its strong research foundations, wide usage and acceptance by North American nurses, and potential alignment with PT and the provision of care. In 1976, Leininger presented what she called the "Transcultural Health Model" (AKA: The Sunrise Model of Transcultural Care) which she described as "structural functional culture-based model" in that it included major social and cultural influencing health care systems and the provision of care. In short, Leininger's Theory of transcultural care focused on generating knowledge related to the care of people who value their cultural heritage and life ways. This theory has great significance and applicability to physical therapists because PT's are realizing that in the present and future they need both an awareness and understanding of "cultural knowledge" to guide them in their decisions and actions as they care for patients from various cultural backgrounds.

Leininger also states that "culture" is the link to understanding and providing (nursing) care to individuals from different backgrounds. In her initial research, Leininger determined that "care and culture were inextricably linked together and could not be separated in nursing care actions and decisions" (Leininger, 1988). Through observations, Leininger determined that traditional western medical practice was oriented towards "curing" while nursing was oriented towards "caring acts and processes focusing on multiple factors influencing wellness and illness" (1980).

In addition, Leininger believes that care is a universal phenomena that exists in all cultures, but at the same time expressions, meanings, and forms of care may differ from culture to culture (Leininger, 1985). Researchers have utilized this theory because it includes holistic and particularistic dimensions of cultures and care with regards to meanings, patterns, and expressions which are predicted to be embedded in world view, social structures, language, ethnohistory, religion, technology, education, and the environmental context of the patient (Leininger, 1988, 1991).

According to Leininger (1988), when differences exist between cultural values, beliefs, and practices of the client and the health care professionals, then undesired outcomes can occur. In addition, this theory places great importance on the need for health care professionals to study the values, meanings, and expressions of care among diverse cultures in order to understand and provide culturally congruent care using caring behaviors. In summary, her theory proposes that medical professionals can contribute to the health of the client by providing care that is congruent with their culture.

Purpose of the Study

The purpose of this study was to explore the perceptions, feelings, attitudes, and receptivity of 12-second year students within the physical therapy program regarding the provision of culturally congruent transcultural care in the clinical setting. Prior research by the nursing profession has demonstrated that it is important to consider and investigate not only the participants' perceptions, but also their attitudes and degree of openness. The researcher sought to uncover the various demographic variables and prior cross-cultural experiences which may have been

involved in one's perceptual acuity or receptiveness towards cross-cultural interactions. In addition, it was important for the researcher to explore the extent and handling of perceived "cultural collisions" experienced during the participant's recent full-time, 8-week clinical internship.

Prior research within the medical field has documented that cultural collisions occur largely due to a variety of factors including language barriers, a lack of awareness of traditions or cultural rituals, and ethnocentrism by medical professionals. Lastly, the researcher investigated the type of information students perceived to be beneficial in viewing or handling "cultural collisions" differently. Over the past three decades, the nursing profession has been actively addressing this issue via the creation of expert advisement panels, a transcultural journal, and instructional recommendations for academicians. Physical Therapy has yet to investigate, pursue, or apply any intervention strategy.

Research Questions

The central research question for this study was: "What were the perceptions of second year entry-level Master's Physical Therapy (PT) students regarding the provision of culturally congruent transcultural care?". Second year students were selected as they have limited exposure to patient contact and interpersonal interaction while in the PT program. The first year is focused on the basic sciences; the second year provided instruction on physical agents, therapeutic exercises, and rehabilitation techniques, and the third year provided instruction on ethics, interpersonal clinical skills, and advanced techniques. In addition, between the completion of the second year of the program and the beginning of the third and final year or professional preparation, the PT student embarked on a full-time, 8 week clinical rotation which involved continuous interpersonal connections and potential cross-cultural situations.

In addition, eleven sub-questions were formulated including:

1. What were the demographic and background variables of the participants?
2. What type of prior cross-cultural encounters did the students' experience and what was the extent of impact on their lives?
3. What does providing culturally congruent care mean to the students?
4. What personal to ethnohistorical experiences did the student perceived as best preparing them for providing transcultural congruent care?
5. What were the students' perceptions regarding the preparation for transcultural interactions with respect to the provision of culturally congruent transcultural information?
6. What academic vs. clinical approach would students recommend for the inclusion of this information?
7. What was the extent of cultural collisions students experienced during their first full-time 8-week clinical rotation?
8. What role did the PT-patient relationship and clinic interactions play in the provision of culturally congruent transcultural care?
9. What instructional information would have assisted students to perceive and respond to "cultural collisions" or "cultural clashes" differently?
10. What components of providing transcultural care are similar between physical therapists and nurses?

The above questions formed the basis of questions asked during the interviews, observations, and unobtrusive records (documents/artifacts) analyzed for the purposes of this study.

Methodology / Research Design

This study used a qualitative emergent case-study design using ethnographic methods, which allowed all participants' voices to emerge and be heard. The purposeful sample consisted of twelve-second year physical therapy students from a 3-year, entry-level Master's degree Physical Therapy program housed within a state institution located in a Mid-Atlantic state. Students were randomly selected from a pool of 54 (the class size) by a gatekeeper according to the established criteria. The research criteria for inclusion included: 1) second year PT students; 2) students who have successfully completed an 8 week, full-time clinical rotation; and 3) student who represent the "cultural diversity" of the PT profession. First, the participants were grouped by gender and randomly selected in proportion to the profession (profession = 82.2% female / 17.8% male). In the second step, the subjects were grouped and randomly selected by their identified race in proportion to the percentages of representative races of the profession (91.5% white / 2.9% Hispanic / 2% African American / 1.6% Asian / 1% Native American / 0.8% Other). It is important to note that this class of students did not consist of any Hispanic or Native Americans

students. Hence, the researcher's participant pool consisted of 2 males, 10 females, 9 Caucasians, 2 African Americans, and 1 Asian. Alternates were identified in each category. Participation was voluntary and informed consent was received prior to data collection. One subject refused to participate and an alternate that was consistent in terms of gender and race was utilized.

The researcher in this study used three methods of data collection. First, in-depth semi-structured, open-ended ethnographic interviews were used to collect "thick descriptions" of participant meanings of effective cross-cultural care. Two interviews were conducted by the researcher. The first interview focused primarily on gaining demographics, background data, and general cultural-related terminology. The second interview addressed the participants' cross-cultural interactions, perceptions of transcultural care, and any "cultural collisions" involving patients. The interviews ranged in length from 90 minutes to approximately 150 minutes. All interviews were taped and conducted in the student's academic (PT school) environment between Sept. 1, 1998 and Sept. 30, 1998. A complete log of all fieldwork as well as a reflective log was maintained.

The second method of data collection involved observation of the environment and the informant's non-verbal behaviors, actions, reactions, etc. by the researcher. All participants were informed and consented to having their non-verbal behaviors as well as the environment be documented. Field notes were completed to include nonverbal descriptions of the site, place of the interview and the respondent. Nonverbal behavior was used to confirm verbal statements and to act as a cue for further probing when disagreement between verbal and nonverbal behavior was noted.

Third, additional information was obtained from the participant's file, collection and review of professional documents/artifacts, and second year curricular materials, which detailed and exemplified the informants exposure to the topic of interest, specifically the provision of transcultural care. The documents reviewed included: 1) the Normative Model of Professional Education (for PT's); 2) a copy of the PT school's accreditation standards; 3) a copy of the Standards of Professional Conduct; 4) a copy of the Code of Ethics; 5) a copy of the Standards of Care; and 6) a copy of the randomly selected second year PT students notes from all second year courses. The material was reviewed and analyzed for similarities and dissimilarities with the informants'reported academic exposure.

Data Analysis and management was conducted using inductive analysis via an on-going basis. A constant comparative method was used to recognize the similarities, differences, and consistencies of meaning across the data. Computer software allowed for all data to be entered and non-alphanumerical symbols were used to tag words, phrases, and sentences. In addition, the researcher utilized HyperResearch (1991) to categorize data. Through this dynamic ongoing process, codes were constantly compared, added, merged, renamed, or discarded. The codes were categorized into certain domains, which then allowed the researcher to identify themes. In addition, triangulation was used to check agreement between the participant's perceptions of the presenting factors, observations, and a review of the curricular instruction. All transcripts, filed notes and logs (reflective, methodological, activity) plus the decision rules and various forms / letters were utilized to mange this study. The entire data collection and management process underwent outside analysis via an audit trail, which confirmed the rigor and validity of this study.

Results with Findings

Five major domains emerged from the data: 1) personal preparation; 2) prior medical care preparation; 3) academic preparation; 4) clinical preparation; and 5) the provision of culturally congruent care. Each domain contained several sub-themes. The first domain, personal preparation, captured the informant's personal ethnohistory, their comments on their personal cross-cultural experiences, environment, and what they perceived as contributing to their cross-cultural awareness and preparation for providing culturally congruent care.

The second domain, prior medical preparation, focused on the informant's level of comprehension regarding basic cross-cultural terminology, ethnohistorical health orientation regarding the cause of illness, their philosophy regarding the provision of care, and the extent of receptiveness to alternative approaches to care.

The academic domain, focused on the CAPTE professional accreditation standards and the various forms of instructions the informant's perceived including: instruction provided, instructional content retained, and desired instructional information including topics, formats, instructional strategies, and presenters.

The fourth domain, clinical preparation, addressed the extent of clinical preparation that the informant's perceived and experienced including the frequency of cultural clashes, common barriers, and modes of approaching and handling cross-cultural situations.

The final domain, the provision of care, emerged to organize the student's perceptions of cultural care related terminology and how they perceive their role in providing culturally congruent care. It also addressed the

informant's perceptions of cultural awareness in relation to the cultural continuum and the profession of physical therapy.

The overall findings and four recurrent themes of this study were: 1) a lack of personal and professional cross-cultural awareness; 2) limited recognition and integration regarding cross-cultural preparation; 3) inadequate resources both academically, clinically, and professionally; and 4) insufficient value or emphasis placed on the need for cross-cultural preparation by PT professionals.

Conclusions and Recommendations

Clark (1997) noted that assimilation, acculturation, and social experiences influence culture. Since students are indoctrinated in the traditional western biotechnological medical model which derives from Eurocentric origins, it is only reasonable to assume that PT's approach the provision of care form the dominant society culture, their own cultural perspective, and the medical culture. While the demographic data was consisted with the profession as a whole and the participant's reported being fully assimilated into North American society and culture, they noted that they never realized how little of their own personal cultural heritage they had retained or integrated into their adult being. In addition, the informants verbalized that very little ethnic and racial cultural traditions had not been "handed down" and as a result, they did not really know "who" they were or how that might impact their interactions with patients. Hence, there resides the possibility of non-alignment or a "breakdown" in cross-cultural patient interaction.

As a theoretical reference, Leininger's Sunrise Model of Cross Cultural Diversity and Univserality with its 10 main components was utilized. However, the informants only focused on three of the 10 components outlined by Leininger including religion, education, and other environmental influences. While there does not appear to be any clear-cut answer for these findings, one can hypothesize that it is because of the "approach" that the students have been educated in. In other words, as a profession, we have stressed the technological, expertise-based attitude in which we serve the public by providing "care" from a biotechnological model instead of from an individual, patient-based or "caring" approach. As a result, perhaps PT's tend to focus on things that we, as a profession, emphasize or encounter more commonly and/or which impacts our ability to provide care.

These findings indicate that perhaps Leininger's model is not an appropriate prototype for the PT profession to use in its search for an applicable and appropriate model. Upon reflection, perhaps Campinha-Bacote's Culturally Competent Model of Care would be more aligned with the PT profession. Campinha-Bacote's Model states that clinicians must have cultural knowledge (theoretical and conceptual frameworks), cultural encounters / experiences, cultural awareness (including cultural sensitivity and cultural biases) and cultural skills (cultural assessment tools) in order to effective in cross-cultural patient interactions and providing culturally congruent care.

More specifically, Campinha-Bacote states that cultural knowledge is a process in which medical professionals seek and obtain a sound educational foundation concerning the various worldviews of cultures. In order to obtain cultural knowledge, one must understand the relationship between culture and health practices. An extension of this component is Campinha-Bacote's use of cultural encounters, which she identifies as the process that allows medical professionals to directly engage in cross-cultural interactions with patients from culturally diverse backgrounds. In addition, Campinha-Bacote recognizes that while health care professional may possess the cognitive ability to understand another's cultural beliefs, practices, and lifeways, they may not possess the skills required to provide culturally congruent care. Overlaying all of these components is the need to be culturally sensitive, which according to Campinha-Bacote not only requires medical professionals to be aware, but also to learn, practice, and provide a culturally responsive approach to providing culturally congruent care.

However, there is limited research utilizing this model possibly due to its recent invention (1997) which may prohibit its acceptance and adoption by the PT profession and community. So, while Campinha-Bacote's tactic takes a clinician to patient hierarchical approach and indicates that it might be more appropriate for the PT, it also raises the question of where PT's "stand" regarding the provision of care. Do we stand on the side of the "expert" or the "care giver"? This remains to be seen and yet may place a crucial role in the model that we, as a profession, finally adopt.

One striking finding of this study was the lack of familiarity with culture related terminology. While students were able to identify terms such as race, ethnicity, and culture, they were less able to define phrases like multiculturalism, cultural diversity, and cultural relativism. This process was repeated with the exploration of providing care. While students could easily define care, quality care, the role of the professional, they were unable to define cross-cultural care, transcultural care, or culturally congruent care. Is this a sign of inadequacy within the profession or is it rather simply an omission in their education? Or is it simply that PT has not been exposed to the works of Hofstede and Trompenaars? Or is it that PT has had no one to transcend its boundaries that might be

educated in the cross-cultural arena? One is hesitant to draw conclusions. However, all of the subjects were subjected to the era when the push in education was multiculturalism. Win addition, while many believe that PT is a derivative of and housed in the social sciences, it is been "raised" by the medical community and hence, has a limited scope of practice. In addition, until recently, it did not have educators or researchers or minorities within its ranks who could broach the subject to the profession at large.

Finally, one of the major findings of this study was the lack of connectedness between an individual subject's personal ethnohistorical and medical philosophical roots and their prior academic and clinical exposure to their perspective in providing care. Again, it raises the question of "who are we?" and "what do we bring to the table?" It also begs the question of if we do not know who we are and are not educated in how to provide care, they how can we, as medical professionals, provide culturally congruent care. Or instead, do we just provide care that is more along the lines of "one fits all?" If the latter is the case, then it raises the question of how do PT's justify this type of care as the provision of quality care which is supposedly care that is in the patient's best interest?

In conclusion, the present study suggests that the framing of cultural issues, identification of common barriers, and acceptance of a diverse patient population who may require adaptations or modifications in treatment, is essential to the provision of culturally congruent care. However, the inclusion of cultural issues within the Physical Therapy profession is in its infancy. It has yet to take a firm hold.

It is hoped that this study will act as a spark plug or springboard for raising awareness, initiating productive discussions, and ultimately lead to the implementation, collaboration, and cohesion of cultural competence via academic and clinical education. The ultimate goal is to promote cultural competence in and throughout the Physical Therapy profession. However, this will require a strategic and unifying vision on the part of the profession, educators, clinical practitioners, and other cross-cultural professionals.

Application to HRD

Perhaps the strongest application to the field of Human resources is a cry to help. Human Resources, as a profession, have the resources, knowledge, skills, and ability to educate a profession that is lost and only beginning its journey of exploration and inclusion. PT does not know the best way to become "culturally competent" or even "culturally aware". We need HRD to show us the way.

While the medical arena has long only accepted the assistance of HRD from a business or financial aspect, it is time for it to be more accessible. While many clinical environments are undergoing the stresses of managed care and the "unexpected" influx of culturally diverse patients, they are also trying to discover their "vision". Fortunately, most clinical arenas have taken notice that addressing cultural and individual differences is a necessary key to survival. In addition, most have begun to realize that the traditional narrow biotechnological focus on patient-client management using the traditional western medical model will not longer work. Instead, we need new avenues, we need new options, we need new resources, we need HRD.

One approach may be for HRD and PT educators to work jointly on providing continuing education courses. This would allow PT's to access the wealth of information and experience that HRD professionals possess regarding cultural diversity and handling cultural differences. To gain widespread attention, it might be feasible to consider working the profession's National Headquarters and more specifically with the APTA's Office of Minority Affairs to increase the availability of information, tools, and resources. With respect to the clinical arena of professionals, one approach might be for HRD professionals to conduct a half-day seminar at the National PT Conference. A third option might be to conduct a short course at the profession's Annual Combined Sections Meeting (CSM), as this is the "coveted" arena for PT educators and researchers. This type of seminar could also be conducted on a smaller scale at State or Regional meetings.

Another possible approach would be to create a "Helpful Hints" textbook or reference book geared towards the medical professional and more specifically towards PT's. While PT's would benefit greatly from knowledge regarding the various "in's and out's" of the various world cultures, we specifically need information on touch, disrobing, exercise, communication (verbal and non-verbal) as well as cultural barriers and offenses. A final solution may be to conduct collaborative research between HRD professionals and PT practitioners, educators, researchers, and administrators.

While the medical profession, and more specifically the PT profession, has been reluctant to address this issue, it will soon be searching for appropriate and applicable information, resources, and web sites. Unfortunately, I do not foresee the PT profession actively seeking out knowledge beyond the medical boundaries. As a general and unspoken rule, we are too territorial to even reach beyond our on professional "turf". So, while we may half-heartedly seek the knowledge and information that we desperately need, we will not openly admit that we need help,

either from within the medical community or from outside. It seems that if we are to grow, someone, perhaps HRD must actively extend a hand and show us the way and be ready for us to kick and fight the entire way.

It all comes down to opening the doors of communication between two worlds – one that has functioned for most of its existence in a vacuum and the other that has made it its mission to go out and boldly explore. While HRD has transcended the various dimensions of professional fields, dimensions, and actively sought out new knowledge, medicine has focused all of its energy on the biotechnological techniques, which is consistent with its model. We, the medical professionals, have begun to realize that we can no longer function in our shell, but need the HRD profession. We need the HRD profession to show us "how" to grow, to give us the knowledge and skills to be effective and successful with patients of diversity, and to warn us of the cultural offenses that we may encounter as well as how to handle them.

HRD has a wealth of information that it could share with the medical field. Our research or lack thereof, demonstrates just where we are. Hence, the application to HRD is multiple. HRD has the opportunity to enter a new arena as an educator, researcher, consultant, administrator, and practitioner.

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An Intercultural Training/Consulting Process and its Implications on Meaning Making and Organizational Change: The Case of a Hungarian Organization

Maria Cseh
Oakland University, USA

Darren Short
Office of National Statistics, UK

This paper presents an in-depth look at an intercultural training/consulting process between a HRD team from the UK and a large public service Hungarian organization using the case study methodology. Although conceptual pieces related to working and communicating across cultures by using interpreters/translators are present in the literature, there is a clear lack of empirical data for understanding the processes involved and learning from them. Based on a preliminary analysis, implications for HRD research and practice are presented.

Keywords: Intercultural Training, Hungary, UK

More than eight years after the fall of the Berlin Wall, the economies of Central and Eastern Europe are at varying stages of political, economic, and social reform. Each of the formerly centrally planned economies has developed its own approach to economic restructuring based on its own culture and social traditions. As Czinkota (1998) described "since the Iron Curtain has disappeared, new paradigms have emerged which few, if any of us, would have dared to even consider a mere decade ago. In managing these economic transformations and their effects, both in the former communist nations, as well as in other countries of the world, there are very few guideposts. It is not as if one can point to established thinking, successful models, or proven theories on the changes taking place. We are learning by doing, and can only hope that by cautiously employing our best current thinking, we can avoid making too many mistakes." (p. 39)

The world is witnessing and participating in a substantial restructuring of the global economy. At the doorstep of the European Union, with a market of over 300 million big-spending consumers and a relatively skilled population, Central and Eastern Europe have many advantages that make investing in the region attractive. According to Child & Czegledy (1996), Hungary is one of the countries in this area that has made the most extensive internal changes and developed the strongest economic relations with Western nations. Its advanced level of social and economic development that it had achieved before the imposition of socialism and its historical, cultural, and geographical propinquity with neighboring European countries like Austria and Germany enabled it to transform rapidly away from former socialist institutions.

Studies conducted in Hungary recorded managerial learning amidst organizational change as a result of acquisitions by (Villinger, 1996) and joint ventures with (Simon & Davies, 1996) western organizations. The findings show that the main barriers to learning were language problems and different cultures, mentalities and attitudes to business. The findings also show that the foreign expatriate managers made little attempt to learn Hungarian or to familiarize themselves with the country and that the Hungarian managers felt that they were looked down upon by the expatriate managers who considered themselves superior. As western know-how is penetrating the region either in the form of investment or training/consulting the authors of this paper, intrigued by the problems raised by intercultural collaborations, set on a quest to understand the process and challenges of such a collaboration brought force by a large Hungarian public sector organization's need to change.

The Setting

The research took place in a Hungarian organization which is a public sector institution with more than 130 years of experience in serving its constituents. The change of the political system at the beginning of the 1990's resulted

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in an explosion-like increase in the number of the organization's clients as the number of active businesses increased nearly 100-fold. At the same time the types of clients and their expectations have also changed significantly. The transition process itself had left the organization in a vacuum as the government sorted out what it really wanted to do. Salary levels within the organization were very low and recruitment of quality graduates had nearly ceased. The president and deputy presidents of the organization realized the urgent need for change and asked for help from a UK human resource development team which proved successful in working with a similar organization in the UK. The seeds of the collaboration were planted in 1992 with the commitment of the president for change and it began in 1993-1994 at a visit of Hungarian senior mangers to the UK followed by another visit in July, 1995 to discuss the design and delivery of a series of management development events (e.g. change management, crisis management and team building) that would constitute the catalysts for change in the organization.

The role of the UK team was to help the organization achieve the following long –term objectives: help employees recognize the need for change, create the framework necessary to implement change, manage change, identify with the mission, vision and values of the organization, use and interpret the mission, vision, and values of the organization in professional activities, making the organization self-sufficient in management training (Project Report). Over the past two years several workshops were held in Hungary and the role of the UK team moved from external experts to in-house facilitators, mentors, and coaches all this with the help of interpreters. At the time the authors of this paper began to talk about the challenges of intercultural collaborations especially when the communication is taking place through interpreters, the need for understanding the processes involved in this UK-Hungarian collaboration project and for recording the lessons learned became eminent.

Theoretical Framework

Child (1981) suggests that although organizations throughout the world are growing more alike at the macro-level (structure and technology), within these organizations individual behavior at the micro-level (communication and interaction) maintains its cultural specificity. Intercultural/global trainers and consultants are constantly made aware by and sensitized to the challenges they have to meet when working with different cultures (Hofstede, 1984; Hall & Hall, 1990; Wigglesworth, 1995; Landis & Bhagat, 1996; Trompenaars & Hampden-Turner, 1997). Wigglesworth (1995) describes the cultural determinants affecting intercultural organizational development and change efforts. These are the values, perceptions, cultural heritage, and unique ways of doing business in a culture. Trompenaars & Hampden-Turner (1997) contend that one cannot understand why individuals and organizations act as they do without considering the meaning they attribute to their environment. Understanding this meaning is made more difficult when communication is mediated by an interpreter. As Varner & Varner (1994) noticed "using a translator complicates any business seminar. The speed of exchange is slow and frustration increases for trainer and participant. The problem is vastly increased if the translator does not have a strong business background or if the participants do not know the concept in their own language"(p. 367).

Language is vital to human communication, and through language meaning is created (Blakenship, 1974) and people create, manage, and share social reality (Berger and Luckmann, 1966). Past research into language has explored the nature of meaning by exploring the relationships between words and things and by examining how interaction transpires. Heath & Bryant (1992) identified four different conclusions on meaning from that research:

1. Meaning is the response the source's words produce in the receiver's mind.
2. Meaning is the product of the relationship between thoughts and the objects of thought - what people think about.
3. Meaning is the impact conventionalized symbol systems (idioms) have on perceptions and actions of the people who use and live the perspectives embedded in each idiom.
4. Meaning is what emerges when persons involved in communication interpret the intentions behind what each other says.

Cherry (1978) argued that words are signs that have significance by convention, and that those who fail to adopt the conventions simply fail to communicate. For Cherry, "the language of a people largely constrains their thoughts. Its words, concepts, and syntax, out of all the signs people use, are the most important determinant of what they are free and able to think" (p. 73). Similarly, Burke (1966) in discussing linguistic relativity argued that vocabularies express perspectives. As such, people from the same culture share perceptions and unique

perspectives because of the particular language they share. The work of both Cherry and Burke has implications for training and consulting through interpreters. For example, words in the language of the sender may have a completely different perspective once translated into the language of the receiver. Indeed, the words, once translated, may have no meaning at all in the receiver's language.

Theories associated with coordinated management of meaning come from a proposition that people co-create, maintain, and alter social order, personal relationships, and individual identities; and that communication is the process of maintaining and creating relationships. Meaningful conversations therefore require that the actions of each person must be meaningful to the communication partner, so the receiver picks up what s/he sees and what s/he hears, resulting in meaning interpretation at two levels: content and relationship. Within one culture, people interpret messages and know what actions constitute appropriate responses because they know what the content and the relationship mean in their culture - what then if the meaning is delivered via an interpreter? That process can have implications for both the content and the relationship, potentially impacting on the meanings received.

Examining the process of knowledge transfer across linguistic boundaries, Jankowicz (1999) uses the "export sales" and the "new product development" metaphors. The "export sales" implies that both parties (the donor and the recipient) share the same conceptual background and assumptions, thus the knowledge (product) is transferred (sold) to the recipient who with appropriate instruction will put it to use. The "new product development" metaphor on the other hand considers the two parties as co-equal collaborators recognizing that every language encodes phenomena differently, thus the meaning encoding by one party could be subtly different from the reality encoded by the other. The author proposes the use of "mutual knowledge creation" based on the negotiation of new understanding instead of "knowledge transfer" from the change agent considered to have the "correct" or "appropriate" knowledge to the indigenous party whose uncertainty would be resolved by this relationship. This negotiation is crucial when different cultures and languages are involved in the process.

Kameda (1996) also emphasizes that words do not mean, only people "mean" and the meaning will depend greatly on the culture of those involved and on the particular situation. Beamer (1995) contends that "especially when communication takes place across cultures, and different languages are involved, we need to keep reminding ourselves that the world and the thing to which it refers are not the only components in communication: the thought or reference is also present in the mind. No codebook can directly map an equivalence of meaning to word and satisfactory explain what it is for mental proposition to have meaning in another culture" (p. 141). Thus the role of interpreters is crucial for any international training/consulting process to be successful as the biggest challenge faced by an interpreter is "mapping the meaning encoded in one language onto the meanings that it is possible to encode in another" (Jankowicz, 1999, p. 319). Sherblom (1998) citing Halliday states that "language in the context of culture is a semiotic system and a metaphor of reality. Reality, in turn, as a social construct, is a metaphor of language, constructed through an exchange of meanings that constitute that reality" (p. 75). This leads us to consider the implications for the construction of social reality through language by using interpreters and by introducing the interpreters' subjectivity as indeed must happen as they "interpret" the sender's message in a cross-cultural collaboration process.

Research Questions

The purpose of this case study research was to gain an in-depth look in an intercultural training/consulting process in order to understand the perceptions of all parties involved (UK team, Hungarian partners, participants and interpreters/translator) regarding this process, its impact on the organization and to record the lessons learned for best practice in similar situations. In order to attain the purpose of this study, the following research questions were investigated:

1. How did the parties involved (UK team, Hungarian partners, participants and interpreters/translator) perceive the intercultural training/consulting process?
2. How did the Hungarian participants perceive the impact of this process on their organization?
3. What were the lessons learned by all the parties involved in this process?

Methodology

A qualitative case study research methodology was decided upon by the authors of this paper. This decision is best illustrated in Merriam's (1988) words describing how "this design is chosen precisely because researchers are interested in insight, discovery, and interpretation rather than hypothesis testing" (p. 10). Yin (1984) also noted that the case study is a design particularly suited to situations where it is impossible to separate the phenomenon's variables from their context. As the intercultural collaboration process under study was deeply imbedded in the Hungarian - British culture and the authors sought out its holistic understanding, the case study research seemed appropriate in this situation. The use of multiple methods of data collection to allow for data triangulation and thus, validation of findings, is recognized as a major strength of case study research (Merriam, 1988; Yin, 1993; Stake, 1995; Marsick & Watkins, 1997). A thorough audit trail was also maintained all along this study.

Data collection took place during the month of July, 1999 and continued until the beginning of September, 1999 when final documents were gathered. The following multiple methods of data collection were used in this study:

- Observation of two one-day workshops on Team Building facilitated by two of the UK team members
- Documents/handouts presented at different workshops (Hungarian and English versions; to uncover inconsistencies and meaning of translated concepts)
- Company documents -- the Mission, Vision, Values document (in Hungarian -- a result of the training/consulting process), the historical overview of the organization published in 1992 at the celebration of 125 years of its existence and two reports on the progress of the Management Development Project.
- Participants' responses to the "Review of the Management Development Project" questionnaire sent out to participants about 8 months after they attended the residential workshops.
- Seventeen action plans presented by the participants as a result of the workshops.
- Twenty one interviews

Interviews were conducted with 16 Hungarian participants (two of them were also the partners in establishing and sustaining this collaboration), 3 interpreters (one of them also translated some of the materials) and 2 UK team members who were the trainers of the observed workshops and the main partners representing the UK team in this collaboration. The participants were selected to represent each of the organization's departments and each of the functions within the organization (deputy president, head of department, regional director, head of division, legal adviser, employee). Both genders were represented. Totally 12 females and 9 males were interviewed. All interviews were conducted face-to-face by the first author of this paper in the mother tongue (Hungarian or English) of the participants. The interviews were recorded with the consent of the interviewees. Confidentiality issues were addressed and it was agreed that all results will be reported in aggregated form. Due to lack of time, the interviews with the UK team members were continued by e-mail.

The interviews with the two Hungarian and two UK partners were focused on their insights regarding their collaboration and their insights as participants and trainers/consultants respectively. The participants were asked about their insights into the process (e.g. How much did you understand from the presentations? Did you find the presence of the interpreter helpful? In what way? How did you find the work/attitude/behavior of the interpreter? What could the interpreter have done to help you more in understanding what was said? Were the concepts presented clear to you? Do you think you have grasped the meaning of the concepts presented? Did you talk with your colleagues about those meanings? Do you think the meanings of some concepts changed over time for you? How did you find the examples used by the trainers? Did they help in understanding the concepts or situations? Were they connected to your everyday job/life? To what extent, if at all, you had a chance to use in practice what you have learned? What were some of the barriers? What would help you in their implementation?). The interpreters were asked about the way they prepared and worked in this process and about what would they do or like to be done differently if they would think of an "ideal" situation.

The interviews were transcribed verbatim by the first author and the translation of the interviews is still in process. The transcribing of the interviews began in September, 1999 and as the translation involves a multi-step process, it is very time consuming. As Sherblom (1998) described "Carefully translating a text from one language into another is not adequate to complete that process. The text must be translated back again, making the process bi-directional rather than uni-directional. Following this bi-directional translation, the communities of translators resolve differences, thus recognizing the dynamic and ambiguous nature of meaning and of its communication" (p. 75). The validity of the translated materials is verified through back translations and re-translations of parts of the data by the first author of this paper, who has over 15 years of experience in translating/interpreting from and to

Hungarian and English, and a professional translator who is Hungarian and presently lives in the United States. As one of the authors of this paper does not speak Hungarian, the translations are necessary in order to be analyzed by both authors. Five in-depth interviews were translated and analyzed together with the other data gathered. Thus, the results of this study are based on this preliminary analysis and the analysis of documents and observations.

Content analysis with the sentence and paragraph as basic units of text was used in coding and analyzing the data. Both Weber (1985) and Miles and Huberman (1994) contend that the reliability of human coders should be assessed. Intercoder reliability is suggested to assess the extent to which content classification produces the same results when the same text is coded by more than one coder. This was accomplished in this study by both authors coding the data separately and by the help of a practitioner with work experience in similar Hungarian organizations who coded parts of the data. The first named author of this paper is Hungarian and studies change processes in Central and Eastern Europe and was an outsider to this Hungarian-UK collaboration project. The second author is affiliated with the UK team and as an insider to this collaboration project was involved in the initial design of the program and facilitated the entry of the first author into the setting. As both of us have many years of experience in working in cross-cultural settings, we naturally have our own biases regarding the processes involved. In order to account for them, we took fieldnotes and memos and discussed them by phone or e-mail. Bogdan and Biklen (1992) referring to one of the characteristics of qualitative research - the researcher as instrument in qualitative inquiry - state that while it is considered a limitation of this approach, it is also its strength as "in no form of research are the process of doing the study and the people who are doing it so consciously considered and studied as part of the project" (p. 123). Thus, taking fieldnotes and memos during a qualitative study where the researchers are considered the instrument is very important. It is a way to acknowledge and control for researchers'biases.

Results and Findings

The participants talked in length about the difficulties in understanding some of the concepts presented. Although most of them understood English they were not proficient enough to follow the whole session in English and when they got tired relied a lot on the interpreters. Some of them also noticed when the interpreters were not clear in their interpretation. One of the managers described how

> There were a number of new concepts we had to understand. If you don't constantly live in that (the one of the trainers) linguistic environment, you're going to encounter some difficulties. Many times we were like: "What's going on?"... Then it was really great to have that guy (the interpreter) at hand – even if he distorted the meaning somewhat at times. When you are in the simultaneous mode, you've got to say something, even if you make it up. Sometimes he hit the nail on the head, sometimes he didn't. But at least he came up with a translation.

The participants and one of the interpreters who also translated some of the materials and worked in the organization also talked about the difficulties of translating business concepts, and how they required repeated explanations using multiple descriptive sentences to understand what the trainer meant by the concept. The participants also felt that there was a lot of material presented and sometimes they did not feel comfortable interrupting the presentation for clarifications until towards the end of the day. One of the managers talked about how she and her colleagues "combined efforts to understand each other" and another one mentioned how they "were left wondering whether that was really what they (the trainers) meant by a certain term" until the assignments were completed. Another manager also described how their understanding of the concepts was validated after the completion of the assignments. He said:

> "We mainly discussed these issues among ourselves, tried to interpret what is really required from us, and then completed our assignment according to our interpretation of the task. It would usually turn out during the presentation of the results whether we were right or not. Sometimes we realized that there was a major misunderstanding. Now in those cases the trainers would clarify the concept again for us."

Speaking about the difficulties in translating/interpreting some of the concepts, both participants and interpreters agreed that "some of the concepts are only clarified during the presentation, when they are defined in full. Both the interpreter and the translator from the organization who translated parts of the materials and interpreted three of the five-day workshops would have liked to have the opportunity to clarify with the trainers

concepts not clear to them before the workshops. The UK team members also acknowledged the necessity of spending a little longer time with the translators in running them through the process they use as facilitators.

As a result, some of the words like "stakeholder" were translated as "flag bearer" when it was later understood that it referred to "interested parties." This misinterpretation was mentioned several times both by participants and interpreters/translator. It was also difficult to translate the "shadow side" which translated word by word had a negative connotation as well as the word "agent" which has an undesired political meaning stemming from the former communist system. The interpreter/translator also mentioned the difficulties in translating acronyms such as PDCA (Plan, Do, Check, Act). She explained how "It's next to impossible to find a Hungarian equivalent, for "do" and "act" are practically the same words in our language." She also had difficulties translating the SPIN process as she did not understand what it stood for until later on in the process. Concepts such as "added value," "cascading down," "coach," "thruster," and "wealth creation" were also very difficult to translate as there are no words in Hungarian that could convey their meaning. The translator was asking herself "what kind of wealth are we talking about - intellectual wealth, financial wealth?" The other translator also described how

> It was hard to find the equivalents for the U.K. trainers' flowing expressions , it was a challenge in itself. We had to convey the meanings of the expressions, idioms, metacommunication. Our profession – as I said before – is not only about conveying the concepts, but also about conveying the metacommunication. This makes the job even more difficult. There are a lot of gestures that have a different meaning in the other culture, and so on. It is literally "interpreting", or conveying the meaning in a different cultural environment. No wonder there is something of acting in our profession. That's what makes it interesting after all.

Another challenge faced by the interpreter/translator and mentioned by some participants was the understanding of the tonalities of voice, dialects and speed of presentation of different trainers. Lower pitches of voice as well as both very rapid or very slow presentations were difficult to understand and interpret. The interpreter/translator also proposed the use of at least two interpreters when there are several trainers taking turn in presenting. She found the trainers very helpful , nice and understanding , but explained how tired she was as she: "constantly had to adapt to the style, language, and the personality of the lecturer in turn. … On the top of that, the workshop was held in the countryside (five-day one), so during the break interpretation was going on."

The interpreter and the translator of the materials did not have any communication either , thus there was a lack of consistency between how the concepts were translated in the handouts and how they were translated during the interpretation especially after they were clarified during the workshops. These concerns were brought up by the interpreters and were verified during the review of the translated materials and the observation of the workshops. The interpreter underlined the benefits of having materials translated by the interpreter or the close communication between translator and interpreter in avoiding inconsistencies.

The participants felt that although the trainers were quite familiar with using the business language tailored to civil service, the interpreter was not always so aware of the differences. Thus, some of the words such as "customer" were translated with a meaning fitting corporations and not public service organizations. Although the interpreters were well liked, the question of the benefits of using an external interpreter versus one from inside the organization was raised. The internal interpreter was in fact a translator who has never interpreted before. Although she had some reservations in performing this task she was asked and encouraged to accept it and she learned a lot by the third five-day workshop she had to interpret. Some of the participants liked that fact that she knew the organization, others felt that although she knew very well the professional language, she struggled with the business terminology used in the workshop. The UK team members' perception was that "the interpreter from the organization needed to be encouraged and found it a little difficult at times to deal with immediate and senior managers. Some of the hard messages we made were probably diluted in translation because the interpreter felt uncomfortable saying them."

The participants had only words of praise for the trainers' behavior and found it very helpful to work over a longer period of time with the same members of the UK team who got a chance to get to know more about the country, culture and organization. This was visible in the examples used by them over time – examples that became more culturally understandable and relevant to the work of the participants. They also underlined the benefits of using the same interpreters as they learn too a lot from each workshop to another.

Although one of the collaboration project objectives was for all the members of the management team to acquire skills in change management together with future managers and selected change agents, the participants felt that in order for change to happen in the way they work everybody should be trained in a short period of time. As one of the managers described:

> Now if they are training you to adopt a different working methodology, then everybody concerned should receive this training, to ensure good collaboration within the team. No matter how well I explain the way the job should be done, no matter how much I explain it to the next person, or use these new methods, this person (who didn't participate in the workshop) doesn't understand what I want, why I'm acting the way I do. ... I think this whole process can only be meaningful if everyone, from the managers to the last doorman, could receive this information in a relatively short period of time.

Lack of time to internalize and apply what was learned in the workshop, the amount of workload, lack of adequate workforce, people's mentality and resistance to change were mentioned several times as barriers towards implementing the concepts learned. One of the managers said: "If I had to sum it up I'd say that the training was not enough and there is absolutely no time for internalizing what you learn there, no time for self-directed learning. This should somehow be incorporated into the plan, if there is such a plan at all. Allow time for reviewing and self-directed learning."

One of the managers also talked about his need "to see the system behind the actions", to have a concise plan of the workshops and how they build on each other and also the need for the consistent implementation of the plan. He also talked about the Mission, Vision, Values booklet of the organization that was developed as a result of this collaboration by describing how "The ongoing nurturing of ideas or the communication with the outside world in the spirit of the booklet is over, gone, and that's the problem. It should be kept alive." The two UK team members acknowledged that a more active monitoring of action plans together with people being made accountable for their progress in implementing these action plans was needed. They said that "had they (action plans) been monitored and measured from the outset more may have been achieved. It may also have reinforced management commitment."

Although the collaboration had an easy start on the personal level being characterized by mutual respect, the challenges of the "practical" applications were also recognized by one of the Hungarian partners in this collaboration, a person who is given a lot of credit by participants for her promotion and continuous support for the project. She explained how "As for how we approach it, from the practical side, that was a completely different matter - it was more difficult given the fact that both they and us had to realize this was something new and unusual. ...we all had to convince the people here that the project was useful. This holds true even as we speak."

Conclusions and Recommendations

Several lessons learned by all the parties in this Hungarian – UK collaboration emerged from this preliminary analysis of the data. The following recommendations are based on these lessons. For successful implementation of change everybody should be trained in a relatively short period of time and mechanisms for keeping the new concepts alive and supporting change efforts have to be designed. A well thought out change management training plan in which the concepts presented build on each other has to be clearly communicated to all participants.

Communication across cultures through interpreters/translators requires very careful planning. Establishing a channel of communication between trainers/consultants and interpreters/translators is essential in clarifying misinterpreted concepts. The same should be established between interpreters and translators when the translation is not done by the interpreter. Ideally, translators/interpreters who are familiar with management & HRD terms should be contracted. As usually they are not familiar with management and HRD concepts, it would be ideal if they could participate in the workshop offered in the trainer's language prior to their assignments in order to understand the concepts and the process used by the trainers. It is also recommended that the same trainers/consultants with the same interpreters/translators to work with the client over the life of the project in order to understand the nuances of the cultures they are working in. The use of two interpreters is recommended for long workshops with multiple trainers. Materials that need translation should be sent in time in and handouts should be given in time for participants to be able to peruse them.

Trainers/consultants should be aware of the interpreters' difficulties in translating acronyms and they should clearly explain their meaning. They should also adapt an average pace of presentation and talk with the interpreters before training/consulting in order for the interpreter to get used to the tonalities of voice and dialects. When selecting examples, trainers/consultants should consult with members of the host culture for meaningful examples for the participants. Time and a process should be built in the training/consulting sessions to support participants' need for clarification of concepts. Funding agencies should be made aware of all these challenges

when working across cultures and support for all of the above should be requested together with a plea for flexibility when working in continuously changing environments.

We believe that the lessons learned by all the parties involved in this collaboration will help set the base for best practice in similar situations and open new doors for researchers interested in further investigating the process of training/consulting across cultures. Further research is needed in uncovering the benefits of using internal or external interpreters, a "Prussian" versus an "Anglo-Saxon" change model and the implications of using English language speaking trainers and consultants communicating through interpreters versus native language speaking ones in bringing about change in organizations in non-English speaking countries.

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Theory of Intercultural Adjustment and Implication for HRD

Soomi Ha
University of Minnesota

This paper examines theories of adjustment process and presents an integrated model through synthesizing previous literature. From this theoretical perspective, we develop a better understanding of intercultural adjustment, predict and facilitate adaptive success. Also, this paper answer about how HRD helps individuals adjust in the new environment in order to develop the necessary skills, abilities, and attitudes that are appropriate in a different cultures and to change host organizational cultures so that individuals cope with the new environment well

Key words: Intercultural Adjustment, Adjustment Process Model, And Intercultural Training

The difficulty of adjusting to life in a foreign culture has become a critical issue to organizations for the world is rapidly contracting. With improved means of communication and transportation, the amount of cross-cultural contact has increased dramatically, and many organizations have interest in the issue of employee adjustment within foreign cultures. Increasing evidence shows that inadequate adjustment to overseas assignments is costly, both to organizations and individuals, in terms of turnover, absenteeism, early return to the home country, and lower performance (Parker & McEvoy, 1993). Unfortunately, between 16 and 40 percent of all expatriates sent overseas return before complicating their assignment. The cost associated with the premature return of expatriates' ranges from $50,000 to 150,000 per failure, depending on the location of the overseas assignment (Black & Medenhall, 1990).

Therefore, to adapt effectively in a new culture, expatriates should have the required abilities and skills to communicate verbally and nonverbally, to take action, and to view problem solving as a social process involving consensus and interpersonal influence rather than only have a correct answer to succeed in a foreign country (Lobal, 1990). Companies could be much more helpful for their employees by building on employees'past experience, assisting in their preparation for the experience, and facilitating their success in their overseas assignment.

However, lack of systematic study of intercultural adjustment may have contributed to conflicting views by corporate leaders and academics about how they help expatriates facilitate adjustment in a new culture. Also, most empirical studies have tried to determine if certain factors are related to cultural adjustment rather than how expatriates adjust in a new culture or fail to adjust in the international assignment without theoretical map. The lack of systematic approach of cultural adjustment prevents to provide a richer view of adjustment process. It is important to provide theoretical guidance on the process of cultural adjustment. Theoretical review would be an appropriate step toward providing companies and academics with a completed and concise a treatment programs

This paper will attempt to answer the questions "what theories describe the process of intercultural adjustment, what factors are related to its process, and what is the appropriate model to understand better the goals of intercultural adjustment in organizations". To do so, this paper will examine theories explaining how individual adapt to the new environment and present an integrated model through synthesizing previous literature. The attempt for integrating a cohesive theoretical view of the multiple and interactive effects of adjustment would provide a holistic view, taking into account all of the levels of adjustment. From this theoretical perspective, we develop a better understanding of intercultural adjustment, predict and facilitate adaptive success.

In addition, this paper will try to answer about how HRD helps individuals adjust in the new environment in order to develop the necessary skills, abilities, and attitudes that are appropriate in a different cultures and to change host organizational cultures so that individuals cope with the new environment well

Theories of adjustment process

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Adjustment and adaptation describe changes that occur when individuals have contact with different cultures. Both terms are not clearly differentiated and are often used with the same meaning but a brief review of these terms is worthwhile in understanding cross-cultural issues. Adjustment can be defined as a psychosocial well-being with emphasis on the process of achieving harmony and compromising with a new culture through changes in the individual's knowledge, attitudes, and emotions about his or her environment for the satisfaction and happiness as a human being. This relates to satisfaction, feeling more at home in one's new environment, improved performance, and increased interaction with host country persons (Hangman, 1990).

Adaptation deals with the same factors as the definition of adjustment. For some theorists, adjustment and adaptation overlap to a certain degree or are synonymous (Hannigan, 1990). Adaptation includes cognitive, behavioral, and psychological change in an individual in a new foreign culture. These changes result in the individual's movement from uncomfortableness to feeling at home in the new environment (Hannigan, 1990).

Theories of adjustment or adaptation process presented in this paper provide frameworks for understanding why and how various factors are important for successful intercultural adjustment and how individuals adjust in the new culture. Ideas about stages and characteristics of adjustment in different cultures have been taken from psychology.

U-Curve Theory

This approach is called a clinical, recuperation, or stress and coping model. It has been argued that life changes result in stress in that they produce disequilibrinm and require adaptive reactions (Ward, 1996). According to this perspective, adjustment involves the issue of how people manage conflict in new countries and how adequate their defenses are for coping with the result of the conflicts (Atwater, 1987). More specifically, this perspective pays attention to the role of personality, life-event changes, and loss of social supports that facilitate or inhibit the adjustment (Ward, 1996).

During the period of transition and adjustment, people experience some degree of anxiety, confusion, and disruption related to living in a new culture. This approach explains how to recover from culture shock and the mechanisms for accommodation to life in a new culture. Upon contact with a new culture, all the familiar underpinnings of one's sense of self are felt to be gone. People are deprived of most known reference points that under normal circumstances would provide cues for further behaviors as well as the substrata for their sense of identity (Anderson, 1994). People may well profit from learning ways of coping with both psychological and emotional stress, but they also need to know how to change inappropriate behaviors and increase cultural awareness (Befus, 1988).

Within a stress and coping framework, personality variables and social support may mediate adaptation to foreign milieu. Many studies (Baker & Ivancevich, 1971; Nguyen, Messe, & Stollak, 1999; Tung, 1982; Ward & Chang, 1997) have shown the importance of personality in the process of cross-cultural adjustment. Personality characteristics for successful adaptation include open mindedness, cultural empathy, creativity, a sense of humor, integrity, extraversion, and patience.

Social support also is important to individual expatriate success. Emotional and tangible support from family and friends is helpful for the expatriates to adjust in a new environment. In addition, when people undergo a similar experience, supervisors and co-workers can support and facilitate the expatriates' adaptation (Adelman, 1988).

Social learning theory

The social learning perspective views cross-cultural adjustment in light of the learning process and the interaction of individuals with their environment. Humans are seen as active organisms with tremendous capacity to learn, such as their problem-solving skills and their power of self-reinforcement (Atwater, 1987). This perspective focuses on both cognitive, internal events and external events (Allen, 1990). That is, social learning theory views adjustment as an interplay between the thought process and the social world. This perspective facilitates the learning needed for adjusting successfully in the host culture, and it also aids in the individual's understanding of, and ability to execute, appropriate behavior.

In cross-cultural adjustment, this perspective emphasizes the acquisition of culturally appropriate skills and behaviors through contact with the host culture and training (Searle & Ward, 1994). From this perspective, it

is assumed that expatriates have to learn the parameters of the new sociocultural system and acquire the sociocultural skills necessary for participating in it (Anderson, 1994).

Parker and McEvoy (1993) also found that many previous experiences of contact with other cultures was linked to improved adjustment and the ability to meet the challenges of a new cultural environment. In addition to previous experiences facilitating adjustment, cross-cultural training affects expatriates'adjustment. Intercultural training powerfully affects the following variables (a) self-development (b) interpersonal skills with other workers, (c) cognitive skills: better understanding host social system and values, and (d) work performance (Ward, 1996).

Cultural distance has also been implicitly regarded as an important factor in adjustment to cultural change (Searle & Ward, 1990). It may be related to the ability to negotiate social encounters in a new culture. Individuals who are more culturally distant have fewer culturally appropriate skills for negotiating everyday situations (Furnham & Tresize, 1981). According to this concept, the greater the divergence between the culture of the host country compared to the home country, the more difficult the cross-cultural adjustment (Black, Mendenhall, & Oddou, 1991).

In addition, Anderson (1994) emphasized that cultural adjustment is a process of learning social skills. Communication skills are necessary for effective social interaction in order to overcome the verbal and nonverbal communication failures that are inevitable in different cultures.

Bandura (1977) introduced self-efficacy as one of the factors in the process of intercultural adjustment. Self-efficacy is the degree to which the individual believes that he or she can successfully execute a particular behavior. The sources for increasing self-efficacy include past experience, vicarious experience, and verbal persuasion (Black & Mendenhall, 1990). Another important factor is how closely the system of rewards and punishments is linked with the new desired behaviors. In summary, this theory argues that in order to adapt to a new culture, expatriates must learn both perceptual rules for interpreting their environment and behavioral rules for comporting themselves within it.

Cognitive theory

Cognitive theory suggests that, when someone is in a new culture, a defense mechanism be activated to hold his or her internal structure in balance. This defense mechanism is a form of protective psychological maneuvering (Kim, 1995). According to this perspective, cross-cultural adaptation is an attempt to avoid or reduce the internal imbalance experienced as tension, drive, need, uncertainty, self-deception, denial, and hostility (Anderson, 1994; Kim, 1995).

This equilibrium model construes cross-cultural adjustment as a dynamic and cyclical process of tension reduction. The basic premise is that systems operate in a steady-state mode until dynamic events, upheavals, or disruptions push them out of equilibrium. The process of cross-cultural adjustment is viewed in terms of the changing relationships between an individual's frame of reference, his or her behavior, and the ambient environment. These relationships all are evaluated using the individual's personal criterion of adequacy (Grove & Torbiorn, 1985).

The cognitive approach to dealing with cross-cultural adjustment includes the concept of schemata and emphasizes cognitive structures to organize information into meaningful content. A schema governs one's perception of the new life. Constructivists have suggested that the adaptive activities consist of two subroutines. Assimilation acts on the environment so that aspects of it may be incorporated into a person's internal structure. Accommodation responds to the environment by adjusting one's internal conditions to the corresponding external realities (Tennyson & Morrison, 1997).

New information in the host country can be incorporated more readily by making associations with established content. At the same time, the internal structure itself affects the new information (Tennyson & Morrison, 1997). In other words, if someone's internal structure is not ready, no new information will be incorporated, or new information could be distorted. It is necessary to modify the internal structure so that the retention of appropriate material can occur. Expatriates learn to deal with impending cross-cultural challenges and work to improve their functional relationship with the host environment

In summary, the process of cross-cultural adjustment in the cognitive perspective is viewed as the changing relationship between an individual's perception of reference (schemata) and the ambient environment. This theory emphasizes expectations, values, attitudes, and perceptions as critical factors influencing the cross-cultural adjustment process (Searle & Ward, 1990).

An Integrative Model of Intercultural Adjustment

Each of the above theories explains in part or describes a piece of the cross- cultural adjustment puzzle in an organizational setting. None of them fully accounts for the process of intercultural adjustment. That is, no theories provide a rich enough perspective to facilitate understanding such a complicated process. Also, they reveal little about the form or dynamics, in all their multiple dimensions, of the process. Therefore, an integrative model is needed to more understand fully the process of adjustment and to integrate the existing approaches into a more cohesive, comprehensive, and thus realistic, theoretical account of the phenomenon.

Systems theory may provide a view to understand the parts and the flow of adjustment of expatriates in a new culture. In addition, this perspective may provide a theoretical framework to integrate previous, separate approaches. Systems theory provides a big picture view of the intercultural adjustment process. Kim (1995) assumed that humans have an inherent drive to adapt and grow and that adjustment is a complex and dynamic process. He viewed adjustment as a fundamental life goal for people as they continually face challenges from their environment. Individuals keep refining and revising themselves throughout this internal complexity. Further, since the person and the environment participate together in the person's adaptation through continual interaction, adaptation is a phenomenon containing multiple dimensions and facets. A person's internal systems and the environment are engaged simultaneously and interactively, mutually influencing one another.

The cross cultural systems model based on systems theory engages in a conversion process. The system may include many subsystems, each with its own input-process- output cycles.

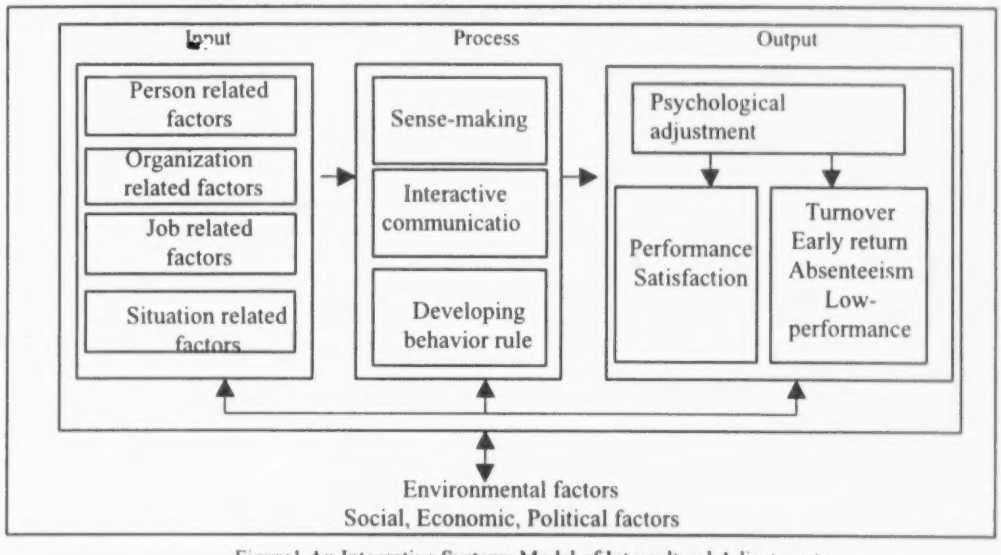

Figure1 An Integrative Systems Model of Intercultural Adjustment

A variety of complex physical and informational inputs are converted to complex products, messages, and conditions. Many input factors may be required to produce many or few outputs. Inputs include materials, energy, and information converting to the output or being used to produce the outputs (MaLagan, 1988). In this model, inputs consist of person-related factors, organization-related factors, job-related factors, and situation factors. Process includes "the direct responses and actions that transform or reorganize inputs into outputs and that support the system's ability to convert inputs into outputs or produce outputs and achieve its purpose" (MaLagan, 1988, p. 71).

Outputs are what the system or subsystem or part delivers, produces, or provides as it works to accomplish its purpose (McLagan, 1988). Primary outputs in this model are divided into psychological adjustment and sociocultural adjustment. The secondary outputs in the organization are related to positive and negative performance. The environment could be "everything outside the system affecting or affected by the system's behaviors" (MaLagan, 1988, p. 72). In this model, environment includes economic condition of the organization,

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legal and political realities, social and cultural values, technical state, and competitive structure of the organization (Hall, 1993).

Input Factors Affecting Intercultural Adjustment

Okazaki-Luff (1991) suggested communication competence is a factor that is divided into interpersonal communication and language skill. Communication skills consist of empathy, respect, and flexibility of behavior, orientation to knowledge, interaction posture, interaction management, and tolerance for ambiguity. Gudykunst and Hammer (1988) stated that intercultural adjustment reduces uncertainty or anxiety. It implies direct causal links among variables. Eight of the variables were found to be related to reducing both uncertainty and anxiety: knowledge of host culture; shared networks; intergroup attitudes; favorable contact; stereotypes; cultural identity; cultural similarity; and second language competence. Four variables were related to reducing uncertainty: intimacy; attraction; display of nonverbal affiliate expressiveness; and the use of appropriate uncertainty reduction strategies. The last four variables were associated only with reducing anxiety: the motivation of strangers to live permanently in the host culture; attitudes of host nationals; intergroup host culture policy toward strangers; and psychological differentiation of strangers.

The factors affecting intercultural adjustment from each perspective described above are listed in table 1.

Table 1
The Factors Affecting Cross-cultural Adjustment in each Theory

U-curved theory	Cognitive theory	Social learning theory
Personality	Perception	Self efficacy
Extroversion	Knowledge of host country	Cultural distance
Open-mindedness	Expectation	Expectation
Empathy, Flexibility	Work preparation	Motivation
Adaptation	Host language competence	Compensation/ benefits
Prior experience		Social support
Work Experience		Training
Social support		Communication skill

Black and Medenhall (1990) suggested a more comprehensive model of intercultural adjustment by integrating literature. In their model, the factors are divided into anticipatory adjustment factors and in-country adjustment factors. Anticipatory adjustment factors include individual factors and organizational factors. In-country adjustment consists of individual factors, job factors, organizational cultural factors, organizational socialization factors, and nonwork factors.

Using Black's model, Packer and McEvoy (1993) outlined the overall model of expatriate adjustment in organizations. According to them, the variables affecting adaptation are divided into three categories: (a) individual background variables: self-efficacy, perception and relation skills, prior international experience, work experience, personality, and motivation. (b) organizational variables: compensation/benefits, career practice, relocation assignment, work assignments, training, organization culture, and organization size (c) contextual variables: urban/rural location, family/spouse adaptation, and cultural novelty.

The proposed model synthesizes the previous literature accounting for the factors affecting cultural adaptation. It includes a multidimensional concept of intercultural adjustment. The input factors in the model include individual, organizational, job related and situational factors. Table 2 shows the input factors summarized from literature review.

Table 2
Input factors in the proposed model.

Individual-related factors	Organization-related factors	Job-related factors	Situation-related factors
Personality	Compensation/ benefits	Knowledge of work	Location
Gender	Training	Role clarity	Family/spouse adjustment
Age	Organizational culture	Role morality	Cultural distance

Self-efficacy Relation skill Perception skills Motivation Communication skills Host language competence Prior experience	Selection Mechanisms/criteria Social support Logical help Organization size Network Stereotypes	Work experience Technical ability	Organizational socialization

Process of Intercultural Adjustment

Process explains how individuals cope with a new environment and how input factors are converted into outputs. As individuals face a new environment, they can adapt by changing the environment in the new situation to correspond more readily to their needs and interests, or they can adapt in a new culture by changing themselves (Dawis & Lofquist, 1984).

In sense making, the first unit in process, people recognize that adaptation is necessary and identify demands, constraints, and opportunities to adapt in a new environment. People accept information from the external world and subdivide it into the relevant and irrelevant to existing cognitive structure. This is true when the situation or information confused is perceived as similar to previous cognitive structure, people are likely to adapt it. If the information or situation is not relevant in a person's cognitive structure, he or she will have a difficult time accurately adapting to it. He or she tries to avoid or minimize the anticipated or actual pain of disequilibirum by defensive stress reactions (Kim, 1995). Successful completion of sense-making yields reduced uncertainty and emotional stress and increases general understanding of what is expected.

In interactive communication, people communicate with an internal cognitive structure and the external information or situation for desired change and make decisions about the personal acceptability of environmental requirements. When information or situation is irrelevant in their cognitive structure, people think and use rational means to understand the situation and to sort out confusion. In other words, when discrepancies occur between an individual's preferred mode of behavior and environmental demands personally acceptable, people attempt to communicate with internal and external demand for desired change (Ashford & Taylor, 1990). Davis and Loquist (1984) suggested that individuals could tolerate some level of discrepancy between cognitive structure or their environment before deciding to reduce it. They argue that when people face an extreme discrepancy, they confront a fundamental choice between changing environment and their cognitive structure.

If interactive communication between internal condition and external condition does not yield desired process changes in a new environment, individuals are likely to reassess the personal acceptability of these demands. If individuals are able to produce an acceptable set of demands, these become the standards used to regulate behaviors in the final stage of adaptation (Ashford & Taylor, 1990).

In developing behavior rules individuals adapt by translating their cognitive structure into behavioral rules desired to meet the demands of the environment, and the demands become behavioral habits and one loop of the adaptation process (Ashford & Taylor, 1990). The determined behavior pattern eventually is integrated and consolidated into stable and consistent ways of dealing with stressful situations (Sawrey & Telford, 1971).

Outcomes of Intercultural Adjustment

Gudykunst and Hammer (1988) developed a communication-based theory to explain intercultural adjustment. They assumed that the outcome of adjustment is "reduced cognitive uncertainty and affective anxiety". The result of adjustment enables the expatriates to manage psychological stress, to communicate effectively, and to establish interpersonal relationships.

Ashford and Taylor (1990) proposed that behavioral, cognitive and affective outcomes might come from process of adjustment. Individuals develop action-regulation strategies, cognitive facilities that enable them to adjust in the future, and attitudes that can cope with anxiety and control stress.

The proposed model specifies psychological adjustment and sociocultural adjustment as outcomes of intercultural adjustment. Ward and Chang (1997) reported that people achieve the psychological and sociocultural adjustment as the core results of adjustment in a different culture. According to them, psychology adjustment means psychological well-being or emotional satisfaction. Sociocultural adjustment relates to culture-specific

skills, the ability to negotiate the host culture, or general intercultural competence. Psychological and sociocultural adjustment are inter-related, but they are largely predicted by different types of variables based on each perspective (Ward, 1996). The psychological adjustment is affected by personality, life changes, and social support. On the other hand, sociocultural adjustment is broadly influenced by factors such as cultural distance, amount of social contact with host nationals, previous cross-cultural experience, cross-cultural training, expected difficulty, length of residence in the country, and attitudes.

The outcomes of the psychological and sociocultural adjustment affects negative performance or positive performance. Whereas successful adaptation results in improved individuals'performance, organization commitment, and job satisfaction, unsatisfactory adaptation brings turnover, early return, absenteeism, and low performance.

Implication for HRD

The proposed model encourage a better conceptual understanding of the way people react to transition, and the design of practical interventions. HRD play an important role in employees'adaptation in an organization. To help its employees live successfully in a new culture, HRD should focus on developing the appropriate skills, abilities and attitudes and changing organizational culture. HRD activities should encourage individuals to feel comfortable and familiar with the new culture more easily and quickly.

Intercultural training

Gudykunt and Hummer (1988) suggest that intercultural training should focus on the purpose of adjustment to reduce uncertainty and anxiety in a new culture. Black & Mendenhall (1990) suggested three skills to be successful in a new culture. The first skill is related to the maintenance of self, such as mental health, psychological well-being, stress reduction, and feeling of self-confidence. Another skill is the fostering of relationships with host nationals through communication skills, interpersonal skills and social skills. A final skill is related to cognitive skills that promote a correct perception of the host environment and its social system. These skills provide realistic job expectations associated with greater satisfaction and lower job turnover. Cross-cultural training would also "allow the expatriates to make anticipatory determinations of what behaviors to act out". (Black, 1990 p.131). To develop these abilities and skills, cross-cultural training should take place during two phases of the assignment: predeparture and in-host country.

Predeparture training

Cross-cultural training is not likely to succeed unless one first has prior evidence of commitment to, acceptance of, capability to, and desire for change. Personal readiness to improve one's behaviors or skills is a necessary condition for change (Ruben, Askling, & Kealey, 1979). The cognitive, emotional, and motivational readiness to deal with the new cultural environment includes understanding of the host language and culture. Cross-cultural training would "allow the expatriates to make anticipatory determinations of what behaviors to act out" (Black, 1990, p.131).

To prepare expatriates'attitude for adjusting in a new culture, cultural awareness must be included in predeparture training programs. This training should consists of understanding how culture affects work relationships and how understanding these differences can promote teamwork and productivity within an organization (Hall, 1993). The expatriate's knowledge and understanding of the host country's culture is related to the success of the transfer.

It is also apparent that the spouse and family members need to be prepared for culture shock as they learn to adapt to the new culture. Training program help family members identify the particular needs of each individual and helps each family member develops strategies for successful overseas adjustment.

In-host country training.

In in-host country training, expatriates and their family are helped to makes sense of the new culture and handle specific incidents during their stay. Training should include ongoing language and communication skills, informational seminars on topics pertinent to the expatriate's responsibilities, host policy, marketing, political

issues and so on. (Warren, Gorham, & Lamont, 1994). In addition, training needs a linkage to the strategic situation in the host country, as well as to the overall strategy of the company (Baumgarten, 1995).

Cultural adjustment training can help people manage cultural stress by observing the new culture, listening actively, asking appropriate questions to get clear understanding, and taking steps to adjust accordingly. By helping people understand cultural modes from a local national's perspective, training can lessen the degree of stress (Warren, Gorham, & Lamont, 1994).

Organizational intervention.

Expatriates may still find it to difficult to adjust in a new organization unless the host country organization's culture supports employees' adaptation. Organization development interventions can create an expectation of high standards of performance from everyone, stimulate personal development, encourage openness, and help worker feel valued. Intervention should be viewed as a short- and long- term process such intervention is important for the eventual task of improving performance.

Changing organization culture cannot occur without a change in the structure, policies, practices, and values of the organization. To help organizations change, leadership development, strategic planning, and team building interventions are required.

Conclusion

The first purpose of this paper was to provide a comprehensive review of the theories of intercultural adjustment process. These theories did not fully explain the dynamics of the adjustment process in all its multiple dimensions. The holistic view of the process of intercultural adjustment was required to better understand the process of adjustment involving learning, fulfillment, growth, and development (Anderson, 1994). Therefore, this paper developed the conceptual model integrated from prior research to capture some of the complexity associated with intercultural adjustment.

The proposed model provides systematic and comprehensive understanding of intercultural adjustment and guides future research. Future research would include careful and systematic empirical research on the theoretical model, including several aspects of the model and its components. The research identifies relationship among variables to enhance practice. For example, how and what people learn, how they decide on and communicate changes, how effectively they accomplish their tasks, and overall effectiveness of their adjustment. In addition how individual factors, organizational factors, job-related factors or situational factors has an impact on intercultural adjustment or performance or job satisfaction. Also, more focus is needed on effectiveness of intercultural intervention; that is, whether HRD interventions would lead to greater job satisfaction and higher performance? How those encourage or facilitate individuals' adjustment? If it would, what interventions are most effective in helping people adjust to a new cultural environment; and how can the programs help them accomplish their task and improve their abilities and skills?

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